

Announced Care Inspection Report 25 May 2017



Altmore Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 61 Thomas Street, Dungannon BT70 1HW
Tel No: 028 8772 2615
Inspector: Stephen O'Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Altmore Dental Practice took place on 25 May 2017 from 09:55 to 12:35.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the practice was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Mrs Sarah Walls, Mr Aaron Major, registered persons and staff demonstrated that further development, in relation to staff recruitment practice, is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment.

Two staff had been recruited since the previous inspection. It was identified that one staff member had commenced employment prior to receipt of a satisfactory AccessNI enhanced disclosure check and AccessNI checks had not been handled in keeping with the AccessNI Code of Practice. It was also identified that written references, criminal conviction declarations and positive proof of identity had not been sought and retained in respect of the two staff members recruited since the previous inspection.

RQIA were concerned that the safeguards, to protect and minimise risk to patients, during recruitment have been compromised. Following consultation with senior management in RQIA, a serious concerns meeting was held at RQIA on 8 June 2017. At this meeting, Mrs Walls and Mr Major provided an account of the actions taken to date, including the systems and processes they have implemented to prevent a reoccurrence and the arrangements made to ensure the minimum improvements necessary to achieve compliance with the legislative requirements identified. RQIA were assured that the appropriate actions to address the identified issues have been taken. Additional information in this regard can be found in section 6.3 of this report.

Two requirements have been made, one to ensure that AccessNI enhanced disclosure checks are undertaken and received prior to commencement of employment and one to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained. In addition, a recommendation has been made in regards to the handling of AccessNI enhanced disclosure checks.

Is care effective?

Observations made, review of documentation and discussion with Mrs Walls, Mr Major and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mrs Walls, Mr Major and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. As discussed above issues were identified within the 'Is care safe' domain which relate to quality assurance and good governance. Addressing the requirements and recommendations will further enhance the governance arrangements in the practice. RQIA will continue to monitor the practice in relation to the recruitment and selection of staff. No requirements or recommendations have been made in the 'Is the service well led?' domain.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Sarah Walls and Mr Aaron Major, registered persons, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 3 June 2016.

2.0 Service details

Registered organisation/registered person: Mr Aaron Major Mrs Sarah Walls	Registered manager: Mrs Sarah Walls
Person in charge of the practice at the time of inspection: Mr Aaron Major Mrs Sarah Walls	Date manager registered: 24 September 2015
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 4

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mrs Sarah Walls, Mr Aaron Major, registered persons, a dental nurse and a trainee dental nurse. A tour of some areas of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 3 June 2016

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 3 June 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 13 Stated: Second time	The logbook for the DAC universal should be further developed to include the periodic tests for a washer disinfectant.	Met
	Action taken as confirmed during the inspection: Review of the logbook for the DAC Universal evidenced that the details of all manufacturer's routine tests and all periodic tests including those for a washer disinfectant have been undertaken and recorded.	

4.3 Is care safe?

Staffing

Four dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Altmore Dental Practice is a training practice approved by the Northern Ireland Medical and Dental Training Agency (NIMDTA). A dental foundation year one (DF1) trainee is undergoing a current placement in the practice.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of two evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

Mrs Walls confirmed that Altmore Dental Practice have appointed an external organisation to provide Human Resources (HR) consultancy services and support and assistance with all matters relating to recruitment and selection.

A review of the submitted staffing information and discussion with Mrs Walls and Mr Major evidenced that two new staff members have commenced work in the practice since the

previous inspection. The available information in respect of the identified staff members was reviewed and the following was noted:

- confirmation that staff were registered with the GDC, where applicable
- employment history, including an explanation of gaps in employment, if applicable
- information pertaining to AccessNI enhanced disclosure checks
- documentary evidence of qualifications, where applicable
- confirmation that the person is physically and mentally fit to fulfil their duties

The arrangements for AccessNI enhanced disclosure checks were reviewed. The original AccessNI enhanced disclosure check had been retained in one file and a photocopy of the AccessNI enhanced disclosure check had been retained in the second file. Review of the information available evidenced that one check had been received prior to commencement of employment. However, in respect of the second staff member it was identified that the AccessNI enhanced disclosure check had been received the day after they commenced work.

A criminal conviction declaration, positive proof of identity and two written references were also missing. Mrs Walls confirmed that verbal references had been sought and records were available to confirm this.

Mrs Walls and Mr Major were advised that all documents as outlined in Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 should be sought and retained in respect of all staff working in the practice.

RQIA were concerned that the safeguards, to protect and minimise risk to patients during recruitment, were being compromised. A serious concerns meeting was held at RQIA on 8 June 2017 to discuss the issues identified in regards to recruitment and selection practice.

At the serious concerns meeting Mrs Walls and Mr Major presented the staff personnel files for the two newly recruited staff members. Review of the files evidenced that following the announced inspection on 25 May 2017 additional documentation had been sought and retained. A review of the updated files confirmed that all information as outlined in Schedule 2 was included.

Mrs Walls and Mr Major also presented additional documentation pertaining to recruitment and selection process to include the practice recruitment policy, a recruitment checklist (based on Schedule 2), a copy of Schedule 2, a template for recording AccessNI information, induction templates, a template for staff to make a criminal conviction declaration, a reference template and a template application form. Review of the information presented evidenced that robust recruitment processes have been developed. Implementation of these processes will ensure safeguards to protect and minimise risk to patients during the recruitment process are in place.

Having considered the assurances provided at the serious concerns meeting, and to ensure sustained compliance, two requirements and a recommendation have been made. The requirements relate to ensuring AccessNI enhanced disclosure checks have been undertaken and received prior to commencement of employment; and that all of the information as outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained prior to commencement of employment. A recommendation has been made to ensure that AccessNI enhanced disclosure checks are handled appropriately.

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. It was confirmed that Mrs Walls, as the safeguarding lead, had completed formal adult safeguarding training through NIMDTA. However, the training certificate did not specify the level of this training. Mrs Walls readily agreed to review the aims and objectives of the training in keeping with the aims and objectives of Level 2 training as outlined in the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). Following the inspection a copy of the NIASP training strategy was emailed to Mrs Walls.

It was confirmed that copies of the regional policy and guidance documents entitled 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) and 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

There was a management of medical emergencies policy available. The policy was not reviewed during this inspection. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and

visible dirt. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfector, a DAC Universal and three steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during January 2017.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

Radiography

The practice has four surgeries, each of which has an intra-oral x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Environment

Mrs Walls and Mr Major confirmed that since the previous inspection the exterior of the building has been repainted, some external ground works have been completed to the rear of the premises and the halls, stairs and landing have been recarpeted.

The ceiling in surgery five was wallpapered and Mr Major confirmed that the ceiling in surgery three was also wallpapered. The floor in surgery one is tiled. Mrs Walls and Mr Major were advised that the use of wallpaper and tiles in clinical areas is not in keeping with best practice guidance and should be reviewed during the next planned refurbishment.

Mrs Walls confirmed that Altmore Dental Practice have appointed an external organisation to provide Health and Safety consultancy services to this practice. This includes an annual review of all health and safety and environmental matters.

The environment was maintained to a good standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment to include routine servicing of the oil fired central heating burner, intruder alarm, fire detection system and firefighting equipment and emergency lighting. Arrangements are also in place for routine inspections of portable appliances, fixed electrical wiring installations and emergency lighting.

The fire risk assessment has been completed in house. Routine checks are undertaken in respect of the fire detection system. Staff demonstrated that they were aware of the action to take in the event of a fire.

The legionella risk assessment has been completed by an external organisation and that water temperatures are monitored and maintained as outlined in the risk assessment.

Arrangements are in place to ensure appropriate risk assessments are reviewed on an annual basis.

Review of documentation evidenced that the pressure vessels in the practice have been inspected in keeping with the written scheme of examination of pressure vessels.

Equipment pertaining to a Close Circuit Television (CCTV) system was observed. Mrs Walls confirmed that the CCTV system was not operational. Mrs Walls was advised to review the RQIA guidance document in regards CCTV system should they intend to reintroduce the use of CCTV.

Robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Patient and staff views

Fifteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Thirteen patients indicated that they were very satisfied with this

aspect of care; one indicated that they were satisfied and one did not provide a response. Comments provided included the following:

- “Staff are excellent and explain the appropriate information fully”
- “No problems at all”
- “The dental practice is always well presented and clean”

Nine staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Eight staff indicated that they were very satisfied with this aspect of care and one indicated that they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

AccessNI checks must be received prior to any new staff commencing work in the practice.

Staff personnel files for any staff who commence work in the future, including self-employed staff must contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

AccessNI checks must be handled in keeping with the AccessNI Code of Practice.

Number of requirements	2	Number of recommendations	1
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4.4 Is care effective?

Clinical records

Staff spoken with confirmed that clinical records are updated contemporaneously during each patient’s treatment session in accordance with best practice.

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and it was confirmed that treatment plans are developed in consultation with patients. Patients are informed about the cost of treatments, choices and options.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent. Mrs Walls confirmed that the records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.

The practice is registered with the Information Commissioner’s Office (ICO) and a Freedom of Information Publication Scheme has been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. Oral health is actively promoted on an individual level with patients during their consultations and when appropriate patients are referred to the hygienist. A range of resources to include information leaflets, disclosing tablets, demonstration models, children's puppets and an electronic educational package are available for use during oral hygiene discussions. A range of oral healthcare products are available for purchase and samples of products are freely distributed to patients. The practice has facilitated a children's open morning to demonstrate brushing techniques and a dental nurse has facilitated oral health awareness sessions in a local play group.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical waste management
- clinical records
- review of complaints/accidents/incidents

As discussed, a DF1 trainee is currently undergoing a placement in the practice. The DF1 completes a range of additional audits as part of their placement.

Communication

Mrs Walls and Mr Major confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal and formal in house training sessions.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

Patient and staff views

All 15 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Thirteen patients indicated that they were very satisfied with this aspect of care; one indicated that they were satisfied and one did not provide a response. Comments provided included the following:

- "Altmore is an excellent practice, dentist, receptionists and dentists assistants"
- "Great service every six months"
- "Over the years I have always been happy with the care I have received"

All nine submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. All nine staff indicated that they

were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report dated December 2016 evidenced that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

Mrs Walls confirmed that a policy and procedure was in place in relation to confidentiality.

Patient and staff views

All 15 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Thirteen patients indicated that they were very satisfied with this aspect of care; one indicated that they were satisfied and one did not provide a response. Comments provided included the following:

- "Excellent customer/patient service"
- "Dr Aaron Major has been my dentist for many years. He always finds time to explain my treatment and options and has an excellent caring and approachable manner"

All nine submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Eight staff indicated that they were very satisfied with this aspect of care and one indicated that they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Mrs Walls and Mr Major are the nominated individuals with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mrs Walls and Mr Major confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mrs Walls and Mr Major, registered persons, demonstrated a clear understanding of their role and responsibilities in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. The statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

As previously discussed in section 4.3 issues of concern were identified in relation to the recruitment and selection of staff. Two requirements and one recommendation have been made to address the identified issues. RQIA will continue to monitor the practice around the recruitment and selection of staff.

Patient and staff views

All 15 patients who submitted questionnaire responses indicated that they felt that the service is well managed. Thirteen patients indicated that they were very satisfied with this aspect of the service; one indicated that they were satisfied and one did not provide a response. Comments provided included the following:

- “Always greeted with a friendly smile, staff very accommodating”
- “The practice is very well led and up to date”
- “I always find the members of staff to be very friendly and helpful. I appreciate the text message reminders for my appointments”

All nine submitted staff questionnaire responses indicated that they felt that the service is well led. Eight staff indicated that they were very satisfied with the aspect of the service and one indicated that they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Sarah Walls and Mr Aaron Major, registered persons, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to **RQIA's web portal** for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time To be completed by: 25 May 2017	<p>The registered persons must ensure that AccessNI enhanced disclosure checks are undertaken and received prior to any new staff, including self-employed staff commencing work in the future.</p> <hr/> <p>Response by registered provider detailing the actions taken: A check list is now in place to ensure Access NI enhanced disclosure certificate is observed before commencing and the details are obtained and signed and dated (as per documentation shown at meeting on 8th June 2017)</p>
Requirement 2 Ref: Regulation 19 (2) Schedule 2 Stated: First time To be completed by: 25 May 2017	<p>The registered persons must ensure that staff personnel files for any staff who commence work in the future, including self-employed staff contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <hr/> <p>Response by registered provider detailing the actions taken: A check list is now in place for all new staff as per templete shown at meeting on 8th June 2017. This will be strictly adhered to before commencement and retained in employee file</p>
Recommendations	
Recommendation 1 Ref: Standard 11.1 Stated: First time To be completed by: 25 June 2017	<p>The registered persons must ensure that AccessNI enhanced disclosure checks are handled in keeping with the AccessNI Code of Practice.</p> <hr/> <p>Response by registered provider detailing the actions taken: Details will be noted on the preform shown at meeting on 8th June 2017 and the original copy returned to employee</p>

Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address



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